

# Attachment 4-2018 Approved Question by Optional Module

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## Optional Modules

### 2018 Questionnaire Modules

#### Module 1: Pre-Diabetes

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**NOTE: Only asked of those not responding Yes (code = 1) to Core Q6.12 (Diabetes awareness question).**

1. Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 Yes (code = 1).**

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

**If Yes and respondent is female, ask: Was this only when you were pregnant?**

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

#### Module 2: Diabetes

---

**CATI note: To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)**

1. Are you now taking insulin?

- 1 Yes
- 2 No

9 Refused

2. About how often do you check your blood for glucose or sugar?

**INTERVIEWER NOTE: Include times when checked by a family member or friend, but do not include times when checked by a health professional.**

|   |     |                       |
|---|-----|-----------------------|
| 1 | — — | Times per day         |
| 2 | — — | Times per week        |
| 3 | — — | Times per month       |
| 4 | — — | Times per year        |
| 8 | 8 8 | Never                 |
| 7 | 7 7 | Don't know / Not sure |
| 9 | 9 9 | Refused               |

**INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'**

1. Including times when checked by a family member or friend by not including times when checked by a health professional, about how often do you check your feet for any sores or irritations?

|   |     |                       |
|---|-----|-----------------------|
| 1 | — — | Times per day         |
| 2 | — — | Times per week        |
| 3 | — — | Times per month       |
| 4 | — — | Times per year        |
| 5 | 5 5 | No feet               |
| 8 | 8 8 | Never                 |
| 7 | 7 7 | Don't know / Not sure |
| 9 | 9 9 | Refused               |

2. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

|   |   |                                   |
|---|---|-----------------------------------|
| — | — | Number of times [76 = 76 or more] |
| 8 | 8 | None                              |
| 7 | 7 | Don't know / Not sure             |
| 9 | 9 | Refused                           |

5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

**Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.**

- \_\_ \_\_ Number of times [76 = 76 or more]  
8 8 None  
98 Never heard of A one C test  
77 Don't know / Not sure  
99 Refused

**CATI note: If Q3 = 555 (No feet), go to Q7.**

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- \_\_ \_\_ Number of times [76 = 76 or more]  
8 8 None  
77 Don't know / Not sure  
99 Refused

7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago)  
2 Within the past year (1 month but less than 12 months ago)  
3 Within the past 2 years (1 year but less than 2 years ago)  
4 2 or more years ago

**Do not read:**

- 7 Don't know / Not sure  
8 Never  
9 Refused

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

9. Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

### Module 3: Health Care Access

---

1. Do you have Medicare?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.**

2. What is the primary source of your health care coverage? Is it...

**Please Read**

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

**Do not read:**

- 77 Don't know/Not sure
- 99 Refused

**INTERVIEWER NOTE:** If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

**CATI NOTE:** Go to Core Q3.2.

2. Have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because.....

**INTERVIEWER NOTE:** IF RESPONDENT PROVIDES MORE THAN ONE REASON, SAY: WHICH WAS THE MOST IMPORTANT REASON YOU DELAYED GETTING CARE

**Please read**

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The clinic or doctor's office wasn't open when you got there.
- 5 You didn't have transportation.

**Do not read:**

- 6 Other \_\_\_\_\_ (specify)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

**CATI NOTE:** Go to Core Q3.4.

**CATI NOTE:** If Q3.1 = 1 (Yes) continue, else go to Q4a.

4. In the past 12 months was there any time when you did not have any health insurance or coverage?

- 1 Yes [Go to Q5]
- 2 No [Go to Q5]
- 7 Don't know/Not sure [Go to Q5]

9 Refused [Go to Q5]

**CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5).**

**4a.** About how long has it been since you last had health care coverage?

READ IF NECESSARY:

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

**5.** How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- \_\_ Number of times
- 88 None
- 77 Don't know/Not sure
- 99 Refused

**6.** Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- 1 Yes
- 2 No

**Do not read:**

- 3 No medication was prescribed
- 7 Don't know/Not sure
- 9 Refused

**7.** In general, how satisfied are you with the health care you received?  
Would you say—

Please read:



- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

**Do not read:**

- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused

8. Do you currently have any health care bills that are being paid off over time?

**INTERVIEWER NOTE: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.**

**INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**CATI NOTE: Go to Core Section 4.**

Module 4: Cognitive Decline

---

**CATI Note: If respondent is 45 years of age or older continue, else go to next module**

**Introduction:** The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

**DO NOT READ:**

- 1 Yes
- 2 No [Go to next module]
  
- 7 Don't know [Go to Q2]
- 9 Refused [Go to next module]

**2.** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is....

READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ:

- 7 Don't know
- 9 Refused

**3.** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is....

READ

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to Q5]
- 5 Never [Go to Q5]

DO NOT READ

- 7 Don't know
- 9 Refused

**CATI NOTE: If Q3 = 1, 2, or 3, continue. If Q3 = 4 or 5, go to Q5.**

**4.** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is....

READ

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

## DO NOT READ

- 7 Don't know
- 9 Refused

**5.** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is....

## READ

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

## DO NOT READ

- 7 Don't know
- 9 Refused

**6.** Have you or anyone else discussed your confusion or memory loss with a health care professional?

## DO NOT READ

- 1 Yes
- 2 No
  
- 7 Don't know
- 9 Refused

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**Module 5: Caregiver**

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**1.** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

**INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss..**

- 1. Yes
- 2. No

**[Go to Question 9]**

- 7 Don't know/Not sure

**[Go to Question 9]**

- 8 Caregiving recipient died in past 30 days
- 9 Refused

[Go to next module]  
[Go to Question 9]

2. What is his or her relationship to you?

**INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.**

DO NOT READ:

- 1 Mother
- 2 Father
- 3 Mother-in-law
- 4 Father-in-law
- 5 Child
- 6 Husband
- 7 Wife
- 8 Live in partner
- 9 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
  
- 77 Don't know/Not sure
- 99 Refused

3. For how long have you provided care for that person? Would you say...

READ:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say...

**READ:**

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
  
- 7 Don't know/Not sure
- 9 Refused

5. What is the main health problem, long-term illness, or disability that the person you care for has?

**IF NECESSARY: Please tell me which one of these conditions would you say is the major problem?**

**[DO NOT READ: RECORD ONE RESPONSE]**

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia or other Cognitive Impairment Disorders, Alzheimer's disease
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty

15 Other

1 Don't know/Not sure

99 Refused

6. In the past 30 days, did you provide care for this person by...

**Managing personal care such as giving medications, feeding, dressing, or bathing?**

1 Yes

2 No

7 Don't Know /Not Sure

9 Refused

7. In the past 30 days, did you provide care for this person by...

**Managing household tasks such as cleaning, managing money, or preparing meals?**

1 Yes

2 No

7 Don't Know /Not Sure

9 Refused

8. Of the following support services, which one do you, as a caregiver, most need that you are not currently getting?

**[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]:  
Respite care means short-term breaks for people who provide care.**

**[READ OPTIONS 1 – 6]**

1 Classes about giving care, such as giving medications

2 Help in getting access to services

3 Support groups

- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

**[DO NOT READ]**

- 7 Don't Know /Not Sure
- 9 Refused

**[If Q1 = 1 or 8, GO TO NEXT MODULE]**

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?
- 1 Yes
  - 2 No
  
  - 7 Don't know/Not sure
  - 9 Refused

Module 6: E-Cigarettes

---

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.**

1. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

- 1 Yes
- 2 No **[Go to next module]**

- 7 Don't know / Not Sure [Go to next module]
- 9 Refused [Go to next module]

2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Module 7: Marijuana Use

---

1. During the past 30 days, on how many days did you use marijuana or cannabis?

- |     |                      |                     |
|-----|----------------------|---------------------|
| _ _ | 01-30 Number of Days |                     |
| 88  | None                 | [Go to next module] |
| 77  | Don't know/not sure  | [Go to next module] |
| 99  | Refused              | [Go to next module] |

2. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. During the past 30 days, what was the primary mode you used marijuana? Did you primarily...

Read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates).
- 6 Use it some other way.

Do not read:

- 7 Don't know/not sure
- 9 Refused



3. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. When you used marijuana or cannabis during the past 30 days, was it primarily:

Read:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in);
- 3 For both medical and non-medical reasons;

Do not read:

- 7 Don't know/Not sure
- 9 Refused

#### Module 8: Sleep Disorder

---

1. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

\_\_ \_\_ 01-14 days

- 88 None
- 77 Don't know/Not sure
- 99 Refused

4. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?

\_\_ \_\_ 01-14 days

- 88 None
- 77 Don't know/Not sure
- 99 Refused

3. Have you ever been told that you snore loudly?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

4. Has anyone ever observed that you stop breathing during your sleep?

**INTERVIEWER NOTE: ALSO ENTER YES IF RESPONDENT MENTIONS HAVING A MACHINE OR CPAP THAT RECORDS THAT BREATHING SOMETIMES STOPS DURING THE NIGHT.**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

### Module 9: Anxiety and Depression

1 Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things. Would you say this happens...

READ:

- 1 never,
- 2 for several days,
- 3 for more than half the days or
- 4 nearly every day.

DO NOT READ:

- 7 Don't know/ Not sure
- 9 Refused

9.2 Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens...

READ:

- 1 never,
- 2 for several days,
- 3 for more than half the days or
- 4 nearly every day.

DO NOT READ:

- 7 Don't know/ Not sure
- 9 Refused

9.3 Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...

READ:

- 1 never,
- 2 for several days,

3 for more than half the days or  
4 nearly every day.

DO NOT READ:

7 Don't know/ Not sure

9 Refused

9.4 Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? Would you say this happens...

READ:

1 never,

2 for several days,

3 for more than half the days or

4 nearly every day.

DO NOT READ:

7 Don't know/ Not sure

9 Refused

## Module 10: Adult Asthma History

---

**CATI NOTE: If Yes to Core Q6.4; continue. Otherwise, go to next module.**

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

\_\_ \_\_ Age in years 11 or older [96 = 96 and older]  
97 Age 10 or younger  
98 Don't know / Not sure  
99 Refused

**CATI NOTE: If Yes to Core Q6.5, continue. Otherwise, go to next module.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

1 Yes  
2 No

[Go to Q5]

- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

5. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- \_\_ \_\_ Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

4. [If one or more visits to Q3, fill in Besides those emergency room or urgent care center visits,] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- \_\_ \_\_ Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

3. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

- \_\_ \_\_ Number of visits [87 = 87 or more]
- 88 None
- 98 Don't know / Not sure
- 99 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- \_\_ \_\_ \_\_ Number of days
- 888 None
- 777 Don't know / Not sure
- 999 Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

**NOTE: Phlegm ('flem')**

**Please read:**

- 8 Not at any time **[Go to Q9]**  
1 Less than once a week  
2 Once or twice a week  
3 More than 2 times a week, but not every day  
4 Every day, but not all the time

**Or**

- 5 Every day, all the time

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

**8.** During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —

**Please read:**

- 8 None  
1 One or two  
2 Three to four  
3 Five  
4 Six to ten

**Or**

- 5 More than ten

**Do not read:**

- 7 Don't know / Not sure  
9 Refused

**9.** During the past 30 days, how many days did you take a prescription asthma medication to prevent an asthma attack from occurring?

**READ IF NECESSARY**

- 8 Never  
1 1 to 14 days  
2 15 to 24 days

3 25 to 30 days

**Do not read:**

7 Don't know / Not sure

9 Refused

**10.** During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it?

**INTERVIEWER NOTE: HOW OFTEN (NUMBER OF TIMES) DOES NOT EQUAL NUMBER OF PUFFS. TWO TO THREE PUFFS ARE USUALLY TAKEN EACH TIME THE INHALER IS USED.**

**READ IF NECESSARY:**

8 Never (include no attack in past 30 days)

1 1 to 4 times (in the past 30 days)

2 5 to 14 times (in the past 30 days)

3 15 to 29 times (in the past 30 days)

4 30 to 59 times (in the past 30 days)

5 60 to 99 times (in the past 30 days)

6 100 or more times (in the past 30 days)

**Do not read:**

7 Don't know / Not sure

9 Refused

Module 11: Respiratory Health (COPD Symptoms)

**The next few questions are about breathing problems you may have.**

**1. During the past 3 months, did you have a cough on most days?**

1 Yes

2 No

7 Don't know / Not sure

9 Refused

**2. During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3. Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**4. Have you ever been given a breathing test to diagnose breathing problems?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**5. Over your lifetime, how many years have you smoked tobacco products?**

- \_\_ Number of years (01-76)
- 88 Never smoked or smoked less than one year
- 77 Don't know/Not sure
- 99 Refused

Module 12: Indoor Tanning

**1. Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?**

**DO NOT READ:**

Enter number (0-365) \_\_ \_\_ \_\_  
777 Don't know/ Not sure  
999 Refused

Module 13: Excess Sun Exposure

---

1. During the past 12 months, how many times have you had a sunburn?

**DO NOT READ:**

Enter number (0-365) \_\_ \_\_ \_\_  
777 Don't know/ Not sure  
999 Refused

2. When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that....

**INTERVIEWER NOTE: PROTECTION FROM THE SUN MAY INCLUDE USING SUNSCREEN, WEARING A WIDE-BRIMMED HAT, OR WEARING A LONG-SLEEVED SHIRT**

**READ:**

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never

**DO NOT READ:**

- 6 Don't stay outside for more than one hour on warm sunny days
- 8 Don't go outside at all on warm sunny days
- 7 Don't know/ Not sure
- 9 Refused

3. On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

INTERVIEWER NOTE: FRIDAY IS A WEEKDAY

INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER CODE 01

**DO NOT READ:**

- 1 Less than half an hour
- 2 (More than half an hour) up to 1 hour
- 3 (More than 1 hour) up to 2 hours
- 4 (More than 2 hours) up to 3 hours
- 5 (More than 3 hours) up to 4 hours
- 6 (More than 4 hours) up to 5 hours
- 7 (More than 5) up to 6 hours



77 Don't know/ Not sure  
99 Refused

4. On weekends in the summer, how long are you outside each day between 10am and 4pm?

**INTERVIEWER NOTE: FRIDAY IS A WEEKDAY**

**INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER CODE 01**

**DO NOT READ:**

- 1 Less than half an hour
- 2 (More than half an hour) up to 1 hour
- 3 (More than 1 hour) up to 2 hours
- 4 (More than 2 hours) up to 3 hours
- 5 (More than 3 hours) up to 4 hours
- 6 (More than 4 hours) up to 5 hours
- 7 (more than 5) up to 6 hours

77 Don't know/ Not sure  
99 Refused

---

#### Module 14: Lung Cancer Screening

---

**CATI NOTE: IF CORE Q9.1=1 (YES) AND Q9.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION 4.**

**You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.**

**1. How old were you when you first started to smoke cigarettes regularly?**

- \_\_\_ Age in Years (001 – 100)
- 888 Never smoked cigarettes regularly [GO TO Q4]
- 777 Don't know/Not sure
- 999 Refused

**INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).**

[CATI INSTRUCTION/ INTERVIEWER NOTE: (IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE) THE RESPONDENT INDICATED THEIR AGE TO BE \_\_\_ YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF \_\_\_ YEARS. PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT REGULARLY SMOKING OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.]

2. How old were you when you last smoked cigarettes regularly?

\_\_\_ Age in Years  
777 Don't know/Not sure  
999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

3. On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

\_\_\_ Number of cigarettes  
777 Don't know/Not sure  
999 Refused

INTERVIEWER NOTE 1: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

INTERVIEWER NOTE 2: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE:

|                           |                           |
|---------------------------|---------------------------|
| 0.5 PACK = 10 CIGARETTES  | 1.75 PACK = 35 CIGARETTES |
| 0.75 PACK = 15 CIGARETTES | 2 PACKS = 40 CIGARETTES   |
| 1 PACK = 20 CIGARETTES    | 2.5 PACKS= 50 CIGARETTES  |
| 1.25 PACK = 25 CIGARETTES | 3 PACKS= 60 CIGARETTES    |
| 1.5 PACK = 30 CIGARETTES  |                           |

4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

Read only if necessary:

1. Yes, to check for lung cancer
2. No (did not have a CT scan)
3. Had a CT scan, but for some other reason

Do not read:

7. Don't know/not sure
9. Refused

## Module 15: Cancer Survivorship

---

**CATI note: If Core Q6.6 or Q6.7 = 1 (Yes) or Q15.6 = 4 (Because you were told you had prostate cancer) continue, else go to next module.**

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

1. How many different types of cancer have you had?
  - 1 Only one
  - 2 Two
  - 3 Three or more
  - 7 Don't know / Not sure [Go to next module]
  - 9 Refused [Go to next module]

2. At what age were you told that you had cancer?
  - \_\_ Code age in years [97 = 97 and older]
  - 98 Don't know / Not sure
  - 99 Refused

**CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?**

**INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.**

**CATI note: If Core Q6.6 = 1 (Yes) and Q1 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21 if Melanoma or 22 if other skin cancer**

**CATI note: If Core Q16.6 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.**

**3.** What type of cancer was it?

**If Q1 = 2 (Two) or 3 (Three or more), ask:** With your most recent diagnoses of cancer, what type of cancer was it?

**INTERVIEWER NOTE: Read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:**

**Breast**

01 Breast cancer

**Female reproductive (Gynecologic)**

02 Cervical cancer (cancer of the cervix)

03 Endometrial cancer (cancer of the uterus)

04 Ovarian cancer (cancer of the ovary)

**Head/Neck**

05 Head and neck cancer

06 Oral cancer

07 Pharyngeal (throat) cancer

08 Thyroid

09 Larynx

**Gastrointestinal**

10 Colon (intestine) cancer

11 Esophageal (esophagus)

12 Liver cancer

13 Pancreatic (pancreas) cancer

14 Rectal (rectum) cancer

15 Stomach

**Leukemia/Lymphoma (lymph nodes and bone marrow)**

16 Hodgkin's Lymphoma (Hodgkin's disease)

17 Leukemia (blood) cancer

18 Non-Hodgkin's Lymphoma

**Male reproductive**

19 Prostate cancer

20 Testicular cancer

**Skin**

- 21 Melanoma
- 22 Other skin cancer

**Thoracic**

- 23 Heart
- 24 Lung

**Urinary cancer:**

- 25 Bladder cancer
- 26 Renal (kidney) cancer

**Others**

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

**6. Are you currently receiving treatment for cancer?**

**INTERVIEWER NOTE: BY TREATMENT, WE MEAN SURGERY, RADIATION THERAPY, CHEMOTHERAPY, OR CHEMOTHERAPY PILLS.**

READ IF NECESSARY:

- |   |                                 |                            |
|---|---------------------------------|----------------------------|
| 1 | Yes                             | <b>[Go to next module]</b> |
| 2 | No, I've completed treatment    |                            |
| 3 | No, I've refused treatment      | <b>[Go to next module]</b> |
| 4 | No, I haven't started treatment | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure           | <b>[Go to next module]</b> |
| 9 | Refused                         | <b>[Go to next module]</b> |

**5. What type of doctor provides the majority of your health care?**

**INTERVIEWER NOTE: If the respondent requests clarification of this question, say:** We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

**INTERVIEWER NOTE: AN ONCOLOGIST IS A MEDICAL DOCTOR WHO MANAGES A PERSON'S CARE AND TREATMENT AFTER A CANCER DIAGNOSIS.**

**Read [1-10]:**

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

**6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?**

**Read only if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**7. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?**

- 1 Yes
- 2 No [Go to Q9]
- 7 Don't know / Not sure [Go to Q9]
- 9 Refused [Go to Q9]

8. Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: HEALTH INSURANCE ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.**

10. Were you ever denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11. Did you participate in a clinical trial as part of your cancer treatment?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12. Do you currently have physical pain caused by your cancer or cancer treatment?

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

13. Would you say your pain currently under control...?

**Please read:**

- 1 With medication (or treatment)
- 2 Without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

Module 16: Prostate Cancer Screening Decision Making

---

**CATI NOTE: If core section Q15, question 4 = 1 (has had a P.S.A. test) continue, else go to next module.**

1. Which one of the following best describes the decision to have the P.S.A. test done? **Please read:**

- 1. You made the decision alone **[Go to next module]**
- 2. Your doctor, nurse, or health care provider made the decision alone **[Go to next module]**
- 3. You and one or more other persons made the decision together
- 4. You don't remember how the decision was made **[Go to next module]**

**Do not read:**

- 9 Refused

2. Who made the decision with you?

INTERVIEWER NOTE: SELECT ONE RESPONSE. IF RESPONDENT OFFERS MORE THAN ONE RESPONSE ASK FOR PRIMARY PERSON WHO MADE DECISION.

READ IF NECESSARY:

- 1. Doctor/nurse /health care provider
- 2. Spouse/significant other
- 3. Other family member
- 4. Friend/non-relative

DO NOT READ:



- 7. Don't know / Not sure
- 9. Refused

Module 17: Adult Human Papillomavirus (HPV) - Vaccination

---

**CATI NOTE: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.**

**NOTE: Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh·seel); Cervarix (Sir·var·icks)**

**1.** A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, **[Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].**

Have you EVER had an HPV vaccination?

- 1 Yes
- 2 No **[Go to next module]**
- 3 Doctor refused when asked **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

**2.** How many HPV shots did you receive?

- \_\_ Number of shots
- 03 All shots
- 77 Don't know / Not sure
- 99 Refused

Module 18: Tetanus Diphtheria (Tdap) (Adults)

---

**1.** Have you received a tetanus shot in the past 10 years?

If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type

- 4 No, did not receive any tetanus in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

Module 19: Shingles (Zostavax or ZOS)

**CATI NOTE: If respondent is  $\leq$  49 years of age, go to next section.**

The next question is about the Shingles vaccine.

- 1.** Have you ever had the shingles or zoster vaccine?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: SHINGLES IS AN ILLNESS THAT RESULTS IN A RASH OR BLISTERS ON THE SKIN, AND IS USUALLY PAINFUL. THERE ARE TWO VACCINES NOW AVAILABLE FOR SHINGLES; ZOSTAVAX, WHICH REQUIRES 1 SHOT, AND SHINGRIX, A NEW VACCINE WHICH REQUIRES 2 SHOTS.

Module 20: Industry and Occupation

---

**If Core Q8.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.**

Now I am going to ask you about your work.

**If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

- 1.** What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

**INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?**

**INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?**

[Record answer] \_\_\_\_\_  
99 Refused

**Or**

**If Core Q8.15 = 4 (Out of work for less than 1 year) ask,**

What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.

**INTERVIEWER NOTE: If respondent is unclear, ask: What was your job title?**

**INTERVIEWER NOTE: If respondent has more than one job ask: What was your main job?**

[Record answer] \_\_\_\_\_  
99 Refused

**If Core Q8.15 = 1 (Employed for wages) or 2 (Self-employed) ask,**

**2.** What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] \_\_\_\_\_  
99 Refused

**Or**

**If Core Q8.15 = 4 (Out of work for less than 1 year) ask,**

What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] \_\_\_\_\_  
99 Refused

*Note: Module 21 will not be used and has been deleted.*

**The next two questions are about sexual orientation and gender identity.**

**INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.**

**INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.**

**1a. (Ask if Sex=1)**

Which of the following best represents how you think of yourself?

- 1 Gay
- 2 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else
- 7 I don't know the answer
- 9 Refused

**1b. (Ask if Sex=2)**

Which of the following best represents how you think of yourself?

- 1 Lesbian or gay
- 2 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else
- 7 I don't know the answer
- 9 Refused

**2. Do you consider yourself to be transgender?**

If yes, ask Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?

**INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.**

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

- 7 Don't know/not sure
- 9 Refused

**INTERVIEWER NOTE: If asked about definition of transgender:**

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

**INTERVIEWER NOTE: If asked about definition of gender non-conforming:**

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Module 23: Random Child Selection

---

**CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.**

**If Core Q8.16 = 1, Interviewer please read:** Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child. **[Go to Q1]**

**If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read:** Previously, you indicated there were **[number]** children age 17 or younger in your household. Think about those **[number]** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

**CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.**

**INTERVIEWER PLEASE READ:**

I have some additional questions about one specific child. The child I will be referring to is the Xth **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the Xth **[CATI: please fill in]** child.

1. What is the birth month and year of the **Xth** child?  
\_\_ / \_\_\_\_ Code month and year

77/ 7777 Don't know / Not sure  
99/ 9999 Refused

**CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is  $\geq$  12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).**

2. Is the child a boy or a girl?

1 Boy  
2 Girl  
9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

**If yes, ask: Are they...**

**INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED**

READ

1 Mexican, Mexican American, Chicano/a  
2 Puerto Rican  
3 Cuban  
4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 No  
7 Don't know / Not sure  
9 Refused

4. Which one or more of the following would you say is the race of the child?

**(Select all that apply)**

**INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

**[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]**

**5.** Which one of these groups would you say best represents the child's race?

**INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.**

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
  - 41 Asian Indian
  - 42 Chinese
  - 43 Filipino
  - 44 Japanese
  - 45 Korean
  - 46 Vietnamese
  - 47 Other Asian
- 50 Pacific Islander**
  - 51 Native Hawaiian
  - 52 Guamanian or Chamorro
  - 53 Samoan
  - 54 Other Pacific Islander

**Do not read:**

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

**6.** How are you related to the child?

**Please read:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused



Module 24: Childhood Asthma Prevalence

---

**CATI NOTE: If response to Core Q8.16 = 88 (None) or 99 (Refused), go to next module.**

The next two questions are about the Xth **[CATI: please fill in correct number]** child.

**1.** Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

**2.** Does the child still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## 2017 Modules

The modules in this section are still active, but not funded for 2018. They were last used in 2017

### Module 25: Cardiovascular Health

**[CATI NOTE: IF CORE Q6.1 = 1 (YES), ASK Q1. IF CORE Q6.1 = 2, 7, OR 9 (NO, DON'T KNOW, OR REFUSED), SKIP Q1. ]**

**1. Following your heart attack, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**[CATI NOTE: IF CORE Q6.3 = 1 (YES), ASK Q2. IF CORE Q6.3 = 2, 7, OR 9 (NO, DON'T KNOW, OR REFUSED), SKIP Q2.]**

**2. Following your stroke, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**INTERVIEWER NOTE: QUESTION 3 IS ASKED OF ALL RESPONDENTS**

**3. Do you take aspirin daily or every other day?**

**INTERVIEWER NOTE: ASPIRIN CAN BE PRESCRIBED BY A HEALTH CARE PROVIDER OR OBTAINED AS AN OVER-THE-COUNTER (OTC) MEDICATION.**

- 1 Yes **[GO TO QUESTION 5]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you?

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

- |   |                          |                     |
|---|--------------------------|---------------------|
| 1 | Yes, not stomach related | [GO TO NEXT MODULE] |
| 2 | Yes, stomach problems    | [GO TO NEXT MODULE] |
| 3 | No                       | [GO TO NEXT MODULE] |
| 7 | Don't know / Not sure    | [GO TO NEXT MODULE] |
| 9 | Refused                  | [GO TO NEXT MODULE] |

5. Do you take aspirin to relieve pain?

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

6. Do you take aspirin to reduce the chance of a heart attack?

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

7. Do you take aspirin to reduce the chance of a stroke?

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

Module 26: Actions to Control High Blood Pressure

[CATI NOTE: IF CORE Q4.1 = 1 (YES); CONTINUE. OTHERWISE, GO TO NEXT MODULE. ]

Earlier you stated that you had been diagnosed with high blood pressure. Are you now doing any of the following to help lower or control your high blood pressure?

**1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**2. (Are you) cutting down on salt (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

**4. (Are you) exercising (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?**

**5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 Don't know / Not sure
- 9 Refused

**7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 3 Do not drink
- 7 Don't know / Not sure
- 9 Refused

**8. (Ever advised you to) exercise (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**9. (Ever advised you to) take medication (to help lower or control your high blood pressure)?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**10. Were you told on two or more different visits by a doctor or other health professional that you had high blood pressure?**

**INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS *FEMALE*, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"**

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline or pre-hypertensive
- 7 Don't know / Not sure
- 9 Refused

Module 27: Arthritis Management

**[CATI NOTE: IF CORE Q6.9 = 1 (YES), CONTINUE. OTHERWISE, GO TO NEXT MODULE.]**

**1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you today? (331)**

Please read:

- 1 I can do everything I would like to do**
- 2 I can do most things I would like to do**
- 3 I can do some things I would like to do**
- 4 I can hardly do anything I would like to do**

Do not read:

- 7 Don't know / Not sure
- 9 Refused

**2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?**

**INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS AN INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 28: Healthy Days (Symptoms)

**1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?**

- \_\_ \_ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**2. During the past 30 days, for about how many days have you felt sad, blue, or depressed?**

- \_\_ \_ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**3. During the past 30 days, for about how many days have you felt worried, tense, or anxious?**

- \_\_ \_ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

**4. During the past 30 days, for about how many days have you felt very healthy and full of energy?**

- \_\_ \_ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Module 29: Alcohol Screening & Brief Intervention (ASBI)

**CATI NOTE: IF CORE Q3.4 = 1, OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.**

**Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.**

**1. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**2. Did the health care provider ask you in person or on a form how much you drink?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**3. Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**4. Were you offered advice about what level of drinking is harmful or risky for your health?**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**[CATI NOTE: IF QUESTION 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]**

**5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?**



- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 30: Sugar Sweetened Beverages

**1. During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.**

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

**2. During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.**

Please read: **You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month

Do not read:

- 888 None
- 777 Don't know / Not sure
- 999 Refused

Module 31: Sodium or Salt-Related Behavior

**1. Are you currently watching or reducing your salt intake?**

1. Yes
2. No
7. Don't know/not sure
9. Refused

**2. Has a doctor or other health professional ever advised you to reduce salt intake?**

1. Yes
2. No
7. Don't know/not sure
9. Refused

Module 32: Preconception Health/Family Planning

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

**The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.**

**1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?**

- 1 Yes
- 2 No **[GO TO Q3]**
- 3 No partner/not sexually active **[GO TO NEXT MODULE]**
- 4 Same sex partner **[GO TO NEXT MODULE]**
- 5 Has had a Hysterectomy **[GO TO NEXT MODULE]**
- 7 Don't know/Not sure **[GO TO Q3]**
- 9 Refused **[GO TO Q3].**

**2. What did you or your partner do the last time you had sex to keep you from getting pregnant?**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[GO TO NEXT MODULE]**
- 02 Male sterilization (vasectomy) **[GO TO NEXT MODULE]**
- 03 Contraceptive implant (ex. Implanon) **[GO TO NEXT MODULE]**
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) **[GO TO NEXT MODULE]**
- 05 Copper-bearing IUD (ex. ParaGard) **[GO TO NEXT MODULE]**
- 06 IUD, type unknown **[GO TO NEXT MODULE]**
- 07 Shots (ex. Depo-Provera) **[GO TO NEXT MODULE]**
- 08 Birth control pills, any kind **[GO TO NEXT MODULE]**
- 09 Contraceptive patch (ex. Ortho Evra) **[GO TO NEXT MODULE]**
- 10 Contraceptive ring (ex. NuvaRing) **[GO TO NEXT MODULE]**
- 11 Male condoms **[GO TO NEXT MODULE]**
- 12 Diaphragm, cervical cap, sponge **[GO TO NEXT MODULE]**
- 13 Female condoms **[GO TO NEXT MODULE]**
- 14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**
- 15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**
- 16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**
- 17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**
- 18 Other method **[GO TO NEXT MODULE]**

Do not read:

- 77 Don't know/Not sure
- 99 Refused

**Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.**

**3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons -
  
- 77 Don't know/Not sure-
- 99 Refused

Module 33: Emotional Support and Life Satisfaction

**1. How often do you get the social and emotional support you need?**

**INTERVIEWER NOTE: IF ASKED, SAY “PLEASE INCLUDE SUPPORT FROM ANY SOURCE.”**

Please read:

- 1 Always**
- 2 Usually**
- 3 Sometimes**
- 4 Rarely**
- 5 Never**

Do not read:

- 7 Don't know / Not sure
- 9 Refused

**2. In general, how satisfied are you with your life? (475)**

Please read:

- 1 Very satisfied**
- 2 Satisfied**
- 3 Dissatisfied**
- 4 Very dissatisfied**

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 34: Social Determinants of Health

**1. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?**

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

**2. In the last 12 months, how many times have you moved from one home to another?**

- \_\_\_ Number of moves in past 12 months [01-52]
- 88 None (Did not move in past 12 months)
- 77 Don't know/Not sure
- 99 Refused

**3. How safe from crime do you consider your neighborhood to be? Would you say...**

Please read:

- 1 Extremely safe**
- 2 Safe**
- 3 Unsafe**

**4 Extremely unsafe**

Do not read:

- 7 Don't know/Not sure
- 9 Refused

**4. For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CATI NOTE: NAME OF CURRENT MONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."**

**Was that often, sometimes, or never true for you in the last 12 months?**

- 1 Often true,**
- 2 Sometimes true, or**
- 3 Never true**

Do not read:

- 7 Don't Know/Not sure
- 9 Refused

**5. "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?**

- 1 Often true,**
- 2 Sometimes true, or**
- 3 Never true**

Do not read:

- 7 Don't Know /Not sure
- 9 Refused

**6. In general, how do your finances usually work out at the end of the month? Do you find that you usually:**

Please read:

- 1 End up with some money left over,**
- 2 Have just enough money to make ends meet, or**
- 3 Do not have enough money to make ends meet**

Do not read:

- 7 Don't Know/Not sure
- 9 Refused

**7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?**

Please read:

- 1 None of the time,**
- 2 A little of the time,**
- 3 Some of the time,**
- 4 Most of the time, or**
- 5 All of the time**

Do not read:

- 7. Don't know/not sure
- 9. Refused

Module 35: Sleep Disorder

- 1. On average, how many hours of sleep do you get in a 24-hour period?**

**INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.**

- \_\_\_ \_\_\_ Number of hours [01-24]
- 77 Don't know/Not sure
- 99 Refused

- 2. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?**

- \_\_\_ \_\_\_ 01-14 days
- 88 None
- 77 Don't know/Not sure
- 99 Refused

- 3. Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?**

- \_\_\_ \_\_\_ 01-14 days
- 88 None
- 77 Don't know/Not sure

99 Refused

**4. Have you ever been told that you snore loudly?**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**5. Has anyone ever observed that you stop breathing during your sleep?**  
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**INTERVIEWER NOTE: ALSO ENTER "YES" IF RESPONDENT MENTIONS HAVING A MACHINE OR CPAP THAT RECORDS THAT BREATHING SOMETIMES STOPS DURING THE NIGHT.**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**2016 Modules**

The modules in this section are still active, but not funded for 2018. They were last used in 2016.

Module 36: Health Literacy

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**1. How difficult is it for you to get advice or information about health or medical topics if you need it?**

- 1. Not at all
- 2. A little
- 3. Somewhat, or
- 4. Very difficult or
- 5. Never tried to get advice or information
  
- 7. Don't know/not sure
- 9. Refused



2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you?

1. Not at all
2. A little
3. Somewhat, or
4. Very difficult or
5. Never tried to get advice or information
  
7. Don't know/not sure
9. Refused

3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information?

1. Not at all
2. A little
3. Somewhat, or
4. Very difficult or
5. Never tried to get advice or information
  
7. Don't know/not sure
9. Refused

#### Module 37: Clinical Breast Exam

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**CATI NOTE: If respondent is male, go to the next section.**

1. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1 | Yes                   |                            |
| 2 | No                    | <b>[Go to next module]</b> |
| 7 | Don't know / Not sure | <b>[Go to next module]</b> |
| 9 | Refused               | <b>[Go to next module]</b> |

2. How long has it been since your last breast exam?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
  
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

### Module 38: Flu Vaccination Location

- 1 At what kind of place did you get your last flu shot or vaccine?

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

Do not read:

- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure (**Probe: How would you describe the place here you went to get your most recent flu vaccine?**)
- 99 Refused